



4148 / IPRW

ATTORNEY DOCKET NO. 06142.0004U1  
PATENT

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of )  
BORODY, Thomas J. ) Art Unit: 4148  
Application No.: 10/568,258 ) Examiner: Ophelia A. Hawthorne  
Filing Date: June 30, 2006 ) Confirmation No.: 9680  
For: IMPROVED ORAL OXYGENATING )  
APPLIANCE )

**TRANSMITTAL LETTER**

**Mail Stop AMENDMENT**  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

June 25, 2008

Sir:

Transmitted herewith is/are the following in the above-identified application:

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Response to Office Action | <input checked="" type="checkbox"/> Request for Extension of Time |
| <input checked="" type="checkbox"/> Fee as calculated below   | <input type="checkbox"/> Supplemental Declaration                 |
| <input type="checkbox"/> No Additional Fee Required           | <input type="checkbox"/> Terminal Disclaimer                      |
| <input type="checkbox"/> Replacement Drawing Sheet            | <input type="checkbox"/> Other _____                              |

CLAIMS AS AMENDED							
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR		PRESENT EXTRA	RATE	ADDITIONAL FEE
Total Claims						X \$50.00	\$0.00
Independent Claims						X \$210.00	\$0.00
<input type="checkbox"/> First Presentation of a Multiple Dependent Claim						+ \$370.00	\$0.00
EXTENSION FEE	1 <sup>st</sup> Month \$120 <input checked="" type="checkbox"/>	2 <sup>nd</sup> Month \$460 <input type="checkbox"/>	3 <sup>rd</sup> Month \$1050 <input type="checkbox"/>	4 <sup>th</sup> Month \$1640 <input type="checkbox"/>	5 <sup>th</sup> Month \$2230 <input type="checkbox"/>		\$120.00
<input checked="" type="checkbox"/> Reduction by ½ for filing by SMALL ENTITY (Note 37 C.F.R. §1.9, §1.27, §1.28) -							- \$60.00
<b>TOTAL FEE DUE</b>							<b>\$60.00</b>

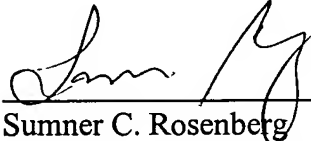
ATTORNEY DOCKET NO. 06142.0004U1  
APPLICATION NO. 10/568,258

Payment:

- ☐ A check in the amount of \$\_\_\_\_\_ is enclosed.
- ☒ Payment by credit card form PTO-2038 in the amount of \$1,050.00 for the fees designated above is submitted via enclosed Form PTO-2038.
- ☐ Payment by credit card in the amount of \$0.00 for the fees designated above is submitted via EFS-Web.
- ☐ The Commissioner is authorized to charge our Deposit Account No. 14-0629 in the amount of \$\_\_\_\_\_ to cover the above-listed additional fees. A duplicate copy of this transmittal is enclosed.
- ☒ In the event of an overpayment or improper payment of a required fee, the Commissioner is authorized to charge or credit our Deposit Account No. 14-0629 as required to correct the error.

Respectfully submitted,

NEEDLE & ROSENBERG, P.C.



Sumner C. Rosenberg  
Registration No. 28,753

NEEDLE & ROSENBERG, P.C.

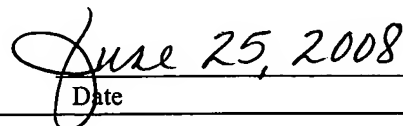
Customer Number 23859

(678) 420-9300

(678) 420-9301 (fax)

CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8

I hereby certify that this correspondence, including any items indicated as attached or included, is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AMENDMENT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date indicated below.

  
Beverly Hopkins  
Date



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In re Application of	)	
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BORODY, Thomas J.	)	Art Unit: 4148
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Filing Date: June 30, 2006	)	Confirmation No.: 9680
	)	
For: IMPROVED ORAL OXYGENATING	)	
APPLIANCE	)	

**REQUEST FOR EXTENSION OF TIME**

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

NEEDLE & ROSENBERG, P.C.  
Customer Number 23859

June 25, 2008

Sir:

It is respectfully requested that an extension of time for the period indicated below be granted in accordance with the provisions of 37 C.F.R. Section 1.136 to take action required in the application identified in the caption, as reflected by the papers submitted herewith:

<input checked="" type="checkbox"/>	One Month	\$120.00	(\$ 60.00)*
<input type="checkbox"/>	Two Months	\$460.00	(\$230.00)*
<input type="checkbox"/>	Three Months	\$1,050.00	(\$525.00)*
<input type="checkbox"/>	Four Months	\$1,640.00	(\$820.00)*
<input type="checkbox"/>	Five Months	\$2,230.00	(\$1,115.00)*

\* Small Entity

07/01/2008 WASFAW1 00000013 10568258

01 FC:2251

60.00 OP

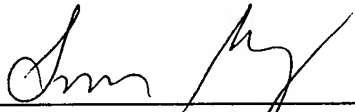
**ATTORNEY DOCKET NO. 06142.0004U1**  
**APPLICATION NO. 10/568,258**

A Credit Card Payment Form PTO-2038 authorizing payment in the amount of \$60.00 for a One-Month Request for Extension of Time under 37 C.F.R. § 1.17(a)(1) small entity is also enclosed.

This fee is believed to be correct, however, the Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-0629.

Respectfully submitted,

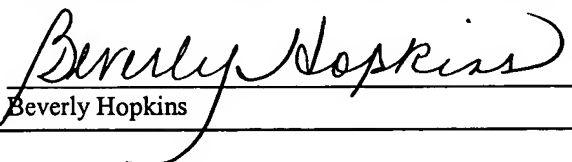
NEEDLE & ROSENBERG, P.C.

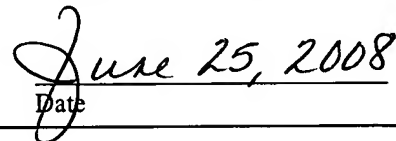
  
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Beverly Hopkins

  
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